

Chancery SMS Enrollment Request



Complete this form for all children transitioning from an ECI agency or for children parentally placed in a private school who are referred for special education evaluation. Completion of this form will begin the process for enrollment in the ECI or PRIV virtual campuses in Chancery SMS.

Houston ISD
Child Study Department
812 West 28th
Houston, Texas
77008

Phone: 713-293-1000
Fax: 713-293-9770

www.hisdsped.wordpress.com

☐ Enroll

Indicate the campus you are requesting enrollment

☐ ECI

☐ PRIV

☐ Withdrawal

Student ID (if withdrawal requested)

Student Information

Last Name

Date of Birth

First Name

Grade

Middle Name

Proof of Identity Submitted

Address:

Apt. #

City:

Zip/Postal Code:

Phone Number:

☐ In-district

☐ Out-of-district

Ethnicity

☐ 01 - White

☐ 02 - Black or African American,

☐ 03 - American Indian and Alaska Native
Asian

☐ 04 - Asian,

☐ 05 - Native Hawaiian and other Pacific
Islanderr

Race

☐ 01 - Hispanic or Latino

☐ 02 -Not Latino/Hispanic

Home Language Survey Results

Home School

Date of Home Language Survey (HLS)

Primary Language

Gender

☐ Male

☐ Female

Parent/Guardian Information

Last Name

First Name

Relationship

Contact

Parent/Guardian Information

Last Name

First Name

Relationship

Contact

Referral Initiation Date

ECI: Date of referral initiation should reflect the transition conference date, or the date HISD was notified of the child's potential eligibility.

PRIV: Date of referral initiation should reflect the date HISD received notification of the request for special education evaluation.

Referral Committee Meeting Date

Referral Type

Referral Source

Disposition

Parent Notified Date

Parent Consent Date

Person Submitting Form

E-mail: